

FOREST LAND ENHANCEMENT (FLEP) OR WOODLAND INCENTIVES PROGRAM (WIP)
 AGREEMENT/APPLICATION FOR COST SHARE AND PAYMENT
 MARYLAND DEPARTMENT OF NATURAL RESOURCES
 FOREST SERVICE

AGREEMENT # FLEP Agreements end in F	S.S.# OR F.I.D. #	WIP PRIORITY RATING	PROGRAM FLEP _____ WIP _____	AGREEMENT TYPE (Check One) Annual____ Long-term____	COUNTY
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Landowner Information:

Name:: _____ Phone:: _____ Date received at regional office: _____

Address: _____ E-mail: _____ SSN or Federal Tax ID # _____

City: _____ State:: _____ ZIP: _____

REQUEST FOR COST-SHARE

LANDOWNER HAS FOREST STEWARDSHIP PLAN: YES____ NO____

(HQ to complete) PRACTICE START DATE: _____ (HQ to complete) PRACTICE COMPLETION DATE: _____

PRACTICE REQUEST					ACCOMPLISHED (Forester to Complete)			
PRACTICE CODE	PRACTICE DESCRIPTION	ACRES	Cost /share Cost /ACRE	TOTAL	ACRES	ACTUAL COST/ACRE	ACTUAL TOTAL COST	Cost share TOTAL Amt.
TOTAL =					TOTALS =			

APPLICANT'S CERTIFICATION: I request cost-share assistance under this program for those practices listed herein. I agree to install and maintain these practices under current regulations and guidelines on property that I hold currently under legal title. I certify that no other cost-share assistance, under this or any other program, has been requested or received for the sites specified in this agreement for FLEP funding, I certify that I have a FSP / Management Plan.

SIGNATURE OF LANDOWNER: _____ DATE: _____

Landowner signature denotes they have READ and agree to the TERMS OF AGREEMENT listed on the back of this application.

_____ Date: _____
 DNR SERVICE FORESTER recommended signature line:

I (approve____ / disapprove____) this cost share-share request. Approval shall be valid until ____ / ____ / ____ In the amount of \$ _____

SIGNATURE OF STATE FORESTER: _____ DATE: _____

MD DNR-FOREST SERVICE FORESTER CERTIFICATION: I have inspected the above-completed practices and find that they have (been ____/not been____) satisfactorily completed. I (do____/do not ____) recommend cost-share payment.

Payment should be in the amount of \$ _____, not to exceed the cost/acre rate specified under practice request.

DNR SERVICE FORESTER SIGNATURE: _____ LICENSE NUMBER: _____ DATE: _____

APPROVAL OF PAYMENT: I _____, STATE FORESTER (approve____/disapprove____) cost-share payment.

Payment shall be in the amount of \$ _____ to the above named applicant. DATE: _____

TERMS OF AGREEMENT Woodland Incentive Program (WIP)

1. Forestry practice means any accepted silvicultural and reforestation activity approved by a Licensed Forester.
2. Any individual group or corporation is eligible that owns private woodland consisting of 10 to 500 contiguous acres capable of producing 20 cubic feet of wood per acre per year and when appropriate, has the potential of being harvested for forest products.
3. Any corporation or subsidiary of a corporation that manufactures forest products or provides utility services is not eligible, nor is any individual, group or corporation that has received federal cost-share assistance for like practices(s) on the same parcel, stand or tract in the 5 year preceding this application or presently has an application submitted for like practice(s) for the parcel, stand or tract, nor has received cost-share assistance from this program for the same practice(s) on the same parcel, stand or tract within the last 15 years.
4. An eligible landowner shall:
 - a. Provide the Department a plan approved by a Licensed Forester and prepared for the purpose of accomplishing forestry practices.
 - b. Agree to use the cost-share assistance for continued forest improvement and growth of harvestable forest products on a long-term basis.
 - c. Agree to permit a representative of the Department to enter the stand or tract to inspect for program compliance and determine the effectiveness of the practice during normal hours of business for a period not to exceed 15 years after completion.
 - d. Agree to accept the cost-share payment not to exceed 50 percent of actual expenses or of flat rate allowance, which ever is lesser.
 - e. Agree to hold the Department harmless from liability for occurrences arising during inspection by a representative of the Department on official business.
5. The Department shall:
 - a. Notify each applicant of approval or disapproval within 30 calendar days after expiration of the enrollment period.
 - b. Make payment to eligible landowners with a reasonable time after receipt of expense documents, inspection and approval of practice.
6. A landowner is not eligible for more than \$5,000 in a calendar year or \$15,000.00 in any 3-year period for all approved practices.

TERMS OF AGREEMENT Forest Land Enhancement Program (FLEP)

1. Forest Land Enhancement Program practice, means any accepted silvicultural and reforestation activity delineated in the State Priority Plan.
2. An owner of non-industrial private forest land or a lease holder is eligible, who controls the land for the minimum length of time for any practice to be established. Corporations whose stock is publicly traded or owners principally engaged in the processing of wood products are not eligible.
3. Landowners must have at least five acres of non-industrial private forest land in order to qualify. Approved FLEP practices must be at least one acre in size.
4. An eligible landowner shall:
 - a. Provide the Department with an approved plan prepared for the purpose of accomplishing forestry practices.
 - b. Agree to Maintain FLEP practices for a minimum period of 10 years. Failure to do so will require repayment to the Maryland DNR Forest Service of all FLEP cost share funds received, plus a 10% penalty. If property is sold, seller agrees to inform buyer of any remaining maintenance obligations resulting of receipt of FLEP cost share funding.
 - c. Agree to permit a representative of the Department to enter the stand or tract to inspect for program compliance and determine the effectiveness of the practice during normal hours of business for a period not to exceed 10 years after completion.
 - d. Complete each practice within 12 months from the date of approval by the State Forester. A twelve-month extension may be granted for factors beyond the control of the landowner. Practices not completed by the end of the contract period will be canceled.
 - e. Agree to hold the Department harmless from liability for occurrences arising during inspection by a representative of the Department on official business.
5. The Department shall:
 - a. Notify each applicant of approval or disapproval within 30 calendar days after expiration of the enrollment period.
 - b. Make payment to eligible landowners within a reasonable time after receipt of expense documents, inspection and approval of practice.
6. A landowner is not eligible for more than \$5,000 in a calendar year or \$25,000.00 aggregate amount for all approved practices through 2007. I have read and agree to the above TERMS OF AGREEMENT for either the Forest Land Enhancement or Woodland Incentives Program, whichever is applicable.